

MAIL-IN LICENSE APPLICATION FORM AND INSTRUCTIONS

**PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.
THIS FORM IS NOT FOR USE BY MISSOURI DRIVERS WHO ARE
CURRENTLY IN THE STATE OF MISSOURI**

YOU MAY QUALIFY TO RENEW OR REPLACE YOUR MISSOURI DRIVER LICENSE IF YOU ARE TEMPORARILY OUT-OF-STATE/COUNTRY. YOUR MAIL-IN LICENSE APPLICATION WILL BE PROCESSED WITHIN 7-10 DAYS FROM THE DATE IT IS RECEIVED IN OUR OFFICE. YOU MUST SUBMIT THE FOLLOWING DOCUMENTS WITH YOUR COMPLETED APPLICATION FORM:

NOTE: If your driver license is within six months of expiring when the application is received in our office, the application should be considered as a renewal.

CHECKLIST

☐ **APPROPRIATE LICENSE FEE** - Required for ALL applicants. Payment may be made by a U.S. cashier's check, money order, traveler's check, or personal check:

- When applying for a DUPLICATE license (to replace a lost/destroyed/stolen license that was not due to expire within the next six months), the fees are as follows (current/effective July 1, 2003):

Class A, B, or C = \$20.00/\$22.50 Class E = \$15.00/\$17.50 Class F or M = \$7.50/\$10.00

- When applying for a RENEWAL driver license, the fees are as follows:

Age 21-69: Class A, B, or C = \$40.00/\$45.00 Class E = \$30.00/\$35.00 Class F or M = \$15.00/\$20.00

All others: Class A, B, or C = \$20.00/\$22.50 Class E = \$15.00/\$17.50 Class F or M = \$7.50/\$10.00

Please be sure to write your license number on the check/money order. If you have marked on the application that you would like to donate to either or both of the funds, you must add that donation to the license fee above.

☐ **PROOF OF IDENTITY** - Required for ALL applicants:

- Submit a photocopy of your current Missouri driver license.
- If you do not have access to your current Missouri driver license, you must submit photocopies of two acceptable documents as defined in Chapter 1 of the Missouri Driver Guide. You may view the Missouri Driver Guide online (see web site address below).

☐ **VISION EXAMINATION RESULTS** - Required for RENEWAL license transactions EXCEPT when the applicant provides verification of their status as an active-duty military/dependant or Peace Corps staff, such as a photocopy of the front and back of their active-duty military or Peace Corps ID:

- An eye doctor, physician, or license office vision tester must complete the Vision Examination Record as instructed on the Mail-In License Application form. An eyeglass prescription is not acceptable.
- Acuity and Horizontal Field vision readings are required.
- The vision results must be in English and less than one year old.

☐ **HIGHWAY SIGN RECOGNITION TEST** - Required for RENEWAL license transactions:

- You must correctly identify four of the six signs shown on the back of the Mail-In License Application.

☐ **APPLICATION FORM** - Both sides of the attached form must be completed, and you must sign the form in the box provided.

☐ **NAME CHANGE (IF APPLICABLE)** - Due to marriage, divorce, etc.:

- Submit a photocopy of one of the following documents reflecting the correct name - birth certificate, marriage certificate, divorce decree, court order, military ID card, or Social Security card.

MAIL TO

Missouri Department of Revenue
Customer Assistance Bureau - MIL
PO Box 200
Jefferson City, MO 65105-0200

TELEPHONE: (573) 751-2730

WEB: www.dor.state.mo.us/mvdl/drivers



MISSOURI DEPARTMENT OF REVENUE
DIVISION OF MOTOR VEHICLE AND DRIVERS LICENSING
CUSTOMER ASSISTANCE BUREAU PHONE: (573) 751-2730
P.O. BOX 200 JEFFERSON CITY, MO 65105-0200
MAIL-IN LICENSE APPLICATION

OFFICE USE ONLY

☐ RENEWAL

☐ DUPLICATE

FORM

4317

(REV. 4-03)

You may qualify to renew your driver license or obtain a duplicate driver license if you are temporarily out-of-state/country. Please complete this application and submit the required documents in order to receive a Missouri driver license through the mail.

COMPLETE BOTH SIDES OF THIS APPLICATION

NAME		MISSOURI DRIVER LICENSE		SOCIAL SECURITY NUMBER		DATE OF BIRTH	
MISSOURI ADDRESS		COUNTY		OUT-OF-STATE/COUNTRY MAILING ADDRESS			
CITY		STATE	ZIP CODE	CITY, STATE, ZIP CODE, COUNTRY			
HEIGHT	WEIGHT	EYE COLOR	SEX	WHEN WILL YOU RETURN TO MISSOURI?			
CHECK ALL THAT APPLY TO YOU						CURRENT LICENSE CLASS (i.e., A, B, C, E, F, M)	
<input type="checkbox"/> MILITARY <input type="checkbox"/> MILITARY DEPENDENT <input type="checkbox"/> VISITING <input type="checkbox"/> STUDENT <input type="checkbox"/> EMPLOYMENT <input type="checkbox"/> OTHER							

YOU MUST ANSWER ALL QUESTIONS THAT APPLY TO YOU

Do you understand that any other driver license in your name is invalid with this application? ☐ Yes ☐ No

Commercial Driver License Only

I meet all requirements contained in the Federal Motor Carriers Safety Regulations, Part 391. ☐ Yes ☐ No

I am exempt from the requirements of the Federal Motor Carriers Safety Regulations, Part 391. ☐ Yes ☐ No

VISION EXAMINATION RECORD (to be completed by eye doctor, physician, or vision examiner)

Both acuity and field vision readings are required.

Acuity - Your vision acuity reading must be recorded for each eye and then a combined acuity for both eyes, i.e., 20/20. The minimum standard for a Missouri driver license is 20/40 in either or both eyes.

Field - The complete peripheral reading for each eye and a combined reading must be shown in degrees (numerics) i.e., 55°.

Do not record reading as "FULL" or "NORMAL." The minimum standard for a Missouri driver license is 55° in each eye or 85° in one eye.

DISTANT VISION ONLY	RIGHT	LEFT	BOTH	REMARKS	
CORRECTION	20/	20/	20/	EYE DOCTOR, PHYSICIAN, OR VISION TESTER SIGNATURE	REGISTRATION NUMBER (IF APPLICABLE)
WITHOUT CORRECTION	20/	20/	20/	ADDRESS	
HORIZONTAL FIELD IN DEGREES	°	°	°	CITY, STATE, ZIP CODE, COUNTRY	
NOTE: SPECIAL RESTRICTIONS CAN BE ADDED TO LICENSE IF REQUIRED DUE TO VISUAL CONDITION. SPECIFY IN REMARKS AREA.				PHONE ()	DATE OF EXAM

MEDICAL (to be completed by applicant)

APPLICANT'S SIGNATURE (SEE INSTRUCTIONS BELOW)

In the past 6 months have you had:

Convulsions, Epilepsy or Blackouts ☐ Yes ☐ No

Paralysis ☐ Yes ☐ No

Heart Attack, Stroke, Heart Disease ☐ Yes ☐ No

Other (If yes, please explain) ☐ Yes ☐ No

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. (Signature must be centered in the box and not extend outside the box.) **SIGN IN THE BOX BELOW ▼ BLACK INK ONLY**

SIGNATURE BOX	SIGNATURE BOX
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SOCIAL SECURITY OBJECTOR INFORMATION

Complete the following only if your current Missouri driver license number is the same as your Social Security Number, and you object to the use of your Social Security Number as your Missouri driver license number. A new Missouri driver license number will be assigned to you.

MY SOCIAL SECURITY NUMBER IS (INCLUDE VERIFICATION OF SSN)

☐ I object to using my Social Security Number as my driver license number.

MOTOR VOTER INFORMATIONAre you registered to vote? ☐ Yes ☐ NoDo you wish to register to vote? ☐ Yes ☐ No

(If so, a voter registration card will be mailed to you with your license. When you receive it, you should mail it to the county clerk in the county where you reside.)

ORGAN DONOR INFORMATIONDo you want to donate \$1.00 to the organ donor fund? ☐ Yes ☐ NoDo you want to have your name placed in a registry as a potential organ donor? ☐ Yes ☐ No**J88 NOTATION INFORMATION**Are you deaf or hard of hearing, and wish to add the "J88" notation to your driver license? ☐ Yes ☐ No**BLINDNESS AWARENESS FUND INFORMATION**Do you want to donate \$1.00 to the Blindness Awareness Fund? ☐ Yes ☐ No**SELECTIVE SERVICE INFORMATION**Do you wish to register with the Selective Service? ☐ Yes ☐ No**HIGHWAY SIGN RECOGNITION TEST**

Correctly identify at least four out of the six signs shown below. Please print the name of each sign on the line below it.

1.



2.



3.



4.



5.



6.

